Utah State Hospital

Issue 45 Winter 2013

MISSION

USH provides excellent care in a safe and respectful environment to promote hope and quality of life for individuals with mental illness.

VISION

Our vision is to enhance patient recovery through dedicated service, family and community networking, collaborative research efforts, and maximizing evidence based treatment practices.

VALUES

- USH works to continuously improve quality of care.
- USH partners with patients and community to instill hope and reinforce an attitude of recovery.
- Dignity, respect, safety and integrity are the foundations of our therapeutic environment.
- We earn trust through partnership with patients, family and community.

Superintendent's Corner

USH – A JOINT COMMISSION TOP PERFORMER

The Joint Commission on Accreditation of Hospitals announced recently that the Utah State Hospital has been selected as one of the Top Performers of all accredited hospitals in the country. We were honored for being a leader in our "Key Quality Measures" that are submitted to the Joint Commission as part of our ongoing accreditation process. This recognition highlights that we are a top performer on our Clinical Outcomes. This was published in The Joint Commission's "Improving America's Hospitals Annual Report". The State Hospital was recognized by The Joint Commission for exemplary performance in using evidence-based processes and having great outcomes!

The Joint Commission commented in a letter to the Administration that "this achievement demonstrates our commitment to assuring that evidence-based interventions are delivered in the right way and at the right time – because it's the right thing to do for our patients". We have a long tradition of commitment to our patients and this recognition is a wonderful compliment to all of our employees!! It doesn't happen without great staff in every department. Another achievement we can be very proud of.

~Dallas Earnshaw, Superintendent

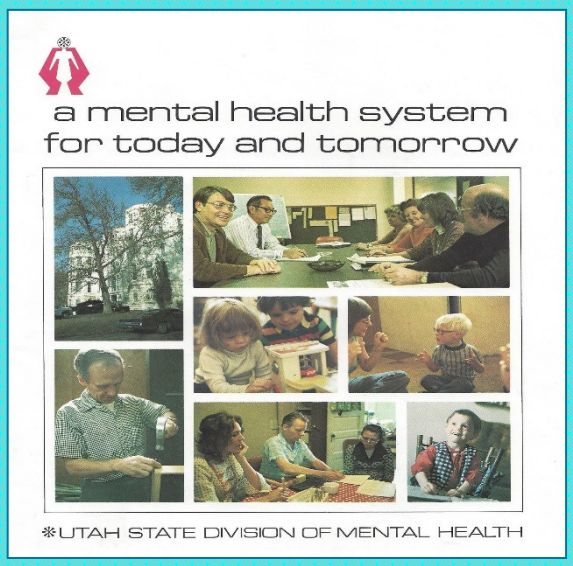
EMPLOYEE NEEDS ASSESSMENT 2013

Each year the Joint Commission requests that we complete an 'Employee Needs Assessment'. This is an opportunity for Administration to solicit feedback regarding the training and resource needs of our employees. As you might recall, the 2011 survey emphasized the need for ongoing training rather than just yearly mandatories. A committee was organized of nurses and psych techs to help solidify from staff ways we could reinforce concepts from our Patient Care Manual. As a result of the committees efforts Training Videos are being made that focus on key concepts from our Initial Training Program. We are over half-way done with the videos and we will begin showing them on our new E-learning system beginning January 2014. We will also be streamlining our mandatory training program in March so that everyone can take the training 'on-line' rather than in a classroom. This will hopefully make the process more efficient for everyone. Testing will also be done on-line.

The feedback from the 2013 assessment that we just completed has many new great ideas. We appreciate those of you who took the time to contribute and we will be discussing your feedback and developing a plan to implement many of your ideas. One example is that 80 percent of employees reporting receiving adequate e-chart training upon hire. Yet, there was a suggestion that we have ongoing training opportunities to learn more about the system and enhance our skills at the use of e-chart. Our new Lectora e-learning program will assist us in being able to deliver more of these types of training programs to you in a more efficient manner. Another suggestion focused on learning how to manage through a Traumatic Experience at Work. We have been offering "Compassion Fatigue" Seminars to employees and have trained almost 50 percent of the hospital staff at this point. We hope to continue this upcoming year so that everyone has access to this training experience. Other ideas included: (1) improved Manager's Training of which HR now has updated online training for managers; Enhanced SIT training; improved access to clinical journals and information; and many other ideas that we will be addressing within each department.

~Dallas Earnshaw, Superintendent

USH and the Community Mental Health System: A Short History



One of the first brochures of the community mental health system, circa 1975

2013 Utah's comprehensive community mental health system turned 45, and today the Utah State Hospital and the community programs are integral parts of a statewide mental health system. That was not always the case.

Utah's public mental health system began over one hundred and twenty seven years ago when the Utah Territorial Insane Asylum opened its doors in 1885. The Utah State Hospital (as it would later become known) would remain the primary care facility for the mentally ill for the next 82 years. Local communities had no involvement in mental health care other than to help transport patients to Provo. By the 1940's, state hospitals across the country, including here in Utah, became large, overcrowded, human warehouses. Finally, after the end of World War II, and with the development of psychotropic drugs, national and local mental health advocates and committed professionals began to campaign for more humane treatment of those with a mental illness. Their goal was to move as many people back into the community as possible and close large state hospitals. The movement, called deinstitutionalization, had begun to take hold in the late 1950's but gained momentum in the 1960's.

There were, however, some efforts in Utah to provide some mental health services in the community and to help those coming out of the hospital before the 1960's. Around 1955, the Department of Psychiatry at the U of U School of Medicine began providing staff for part-time traveling health clinics to some unserved rural parts of the state. By 1958, there were 15 small community clinics served by those traveling health staff that operated one to three days a month. USH staff would travel to the clinics and visit patients that had been released from the hospital.

In 1957, USH became one of the first hospitals in country to reorganize its services into a decentralized unit system with each unit responsible for a specific geographic area of the state. This new organizational structure, along with the use of new medications, enabled a more active treatment program. The results were a steady reduction in the patient population from a high of 1,500 in 1955 to around 700 in 1965. However, in the 1960's, Utah like the rest of country, was experiencing a growth in population and so even with more effective treatment programs and a substantial reduction in length of stay, admissions at USH continued to rise.

In 1963, after much lobbying from mental health advocates, President John F. Kennedy signed the Comprehensive Community Mental Health Act. Then in 1965, a two year study of the mental health needs of Utah resulted in the recommendation for the development of a local comprehensive community mental health system. With strong support from Utah's Mental Health Association and the State Legislature, Utah got its first Mental Health Services Act. The act established funding for community mental programs, at a whopping $70,000 a year. It was a start.

The Comprehensive Mental Health Centers act called for a single mental health authority to be over the state hospital and to develop a comprehensive mental health system. In response to the 1965 report, in 1967, the State Division of Mental Health, which had been a bureau at the Department of Health, was moved into the new Department of Health and Welfare, now the Department of Human Services. The new Division would have oversight over the Utah State Hospital and the new comprehensive community mental health programs. On February 1, 1967, the first comprehensive mental health center was established in Provo, Timpanogos Community Mental Health Center, now called Wasatch Community Mental Health Center. Granite Community Mental Health Center would follow in 1969 with Weber Mental Health in 1970. Today there are eleven centers across the state.

Initially, Utah State Hospital staff watched the development of community mental health centers with approval and endorsement, but this eventually became trepidation. Many welcomed centers as a much needed service but worried about patients moving from one set of specialists to another. Funding also became an issue with federal funding decreasing each year and the expectation that state funding

would increase. This began to increase competition for limited state dollars. And in 1970-71 the hospital budget was indeed trimmed by $300,000. Eventually, the centers were perceived as a threat to the very existence of the State Hospital. The State Division of Mental Health had articulated a master plan "to decentralize the Utah State Hospital and integrate their programs with comprehensive mental health centers to accomplish the most good".

Another area of tension was staffing. The first organized community center, Timpanogos in-patient unit was originally housed on the hospital campus and many former staff members were now working for the new center. In fact most of the new center staff and patients had formally been the Central Utah Unit of the Hospital. When they finally moved into the community, they moved everything, including staff, patients and the operating budget. Weber Mental Health would also move in the same way. Other staff also continued to migrate to the new centers that were being organized across the state making it difficult to keep the number of staff needed to maintain The Joint Commission accreditation and Medicare and Medicaid Standards.

As each new center began to thrive the question of the need or role of the hospital began to be discussed. Once the sole provider of mental health services in the state, the hospital now needed to redefine its mission. In an effort to keep the hospital viable, specialty units were developed to treat underserved populations in addition to responding to the needs of community centers. Over time a behavior modification, drug treatment, sex offender, public offender, children and youth center and geriatric were added or organized. As the community mental health system matured and began to use the hospital beds allocated to them, some of the specialty programs were eventually phased out.

The years since the inauguration of Utah's Comprehensive Mental Health System have not always been smooth, but today the Utah State Hospital is still a significant part of a statewide system that provides quality services throughout Utah. Most Utah citizens needing treatment today can access those services in their own home and community, but there is strong agreement across the system that the role of the hospital is vital for those patients served here because of the intensity of their illness.

~Janina Chilton, Historian

Spirit of Safety Award Winners

We would like to congratulate Amanda Rapacz, Guy Orazem, Blas Zegarra, Becky Walters, Yelena Earl, Robert Coleman, Bowdy Nielson, Michael Tucker, Derek Killian, Tammy Neilson, Kenneth Karr, Justin Atwood, Kyung Seo, DeAnn Karatti and Tyler Colby who received the Spirit of Safety Award from October through December. They received an incentive for their excellent efforts in patient care. These are individuals whose intervention skills were recognized by their peers as having a positive impact on patient care. They each intervened in a difficult situation on their units to redirect or de-escalate a patient to avoid a critical incident from occurring. They are examples to all regarding the use of therapeutic interventions and excellent clinical skills. We want to encourage you to remember to submit your nominations to Marlow Plumb in Quality Resources. Supervisors and co-workers are encouraged to submit names of employees that demonstrate any of the following:

1. Excellent decision-making and intervention skills which redirect a patient from acting out in a violent manner.
2. Compassion and a Therapeutic approach which results in a patient being able to work through a difficult issue or situation and allows them to have positive outcomes in treatment.
3. Effective De-escalation Skills which help to avoid violence and prevent a possible Injury, Seclusion and/or Restraint from occurring.
4. Professionalism and Competence in regards to helping a patient avoid being Re-traumatized during a critical incident.

Veteran's Lunch

This year the hospital celebrated Veterans Day with its first ever Veterans Day Luncheon and Celebration. The Patient Council helped out a week in advance by making each Veteran a patriotic goody bag. Staff and patients enjoyed a nicely catered lunch by Subway and our own food services. The room was decorated wall to wall with flags and other patriotic trim thanks to the hard work of Chaplain Mike and Lola. Thanks again to all those who have served, who are currently serving, and those who are supporting family members in the service. We remain the Home of the Free, because of the Brave!

~Lola Davis-Werner

Paul Gerhke

Dr Kevin Holmes, Dr Caroline Merveille and Dr Kent Roundy

Retirements

The following employees retired in October, November and December 2013. We would like to wish them the best of luck in all their future endeavors and thank them for all they have done for the hospital:

Susan Hendy, AD on Northeast retired with 29 years of service
Elaine Norton, Psych Tech retired with 20 years of service
Linda Yeager, RN retired with 10 years of service and
John Penney, Financial Manager retired with 25 years of service
Danette Faretta-Brady, Legal Services retired with 33 years of service
Darlene Pierce, Therapeutic Recreation Technician retired with 29 years of service

Years of Service Awards

We would like to acknowledge the following employees for their dedicated service awarded from October and November 2013:

35 Years
Charles Wilson, Recreational Therapist

30 Years
Mark Keller, AD MVU

25 Years:
Paul Hill, Psych Tech

20 Years:
Margie Jorgensen, Recreational Therapist

USH HALLOWEEN FUN

USH employees and their families enjoyed the annual carnival with games, refreshments and fun.




















Girl's Youth staff all dressed like pirates.



Photos courtesy Lola Davis-Werner

Did You Know?

The Joint Commission's Patient Safety Goals Consist of:

- The Goal
- The Requirement(s)
- The Rational, and
- The Elements of Performance

"Sentinel Events" are unexpected occurrences involving death, serious physical or psychological injury, or risk of such. The term "sentinel" refers to a need for immediate investigation and response. The Joint Commission is an organization which evaluates and accredits the Utah State Hospital. This accreditation is viewed as a symbol of quality regarding the hospital's commitments to meeting performance standards of patient care. Each year, The Joint Commission reviews reported Sentinel Events and adopts recommendations as "Patient Safety Goals." The goals are adopted in an effort to improve patient safety and reduce the risk of sentinel events. The Utah State Hospital follows The Joint Commission's Patient Safety Goals.

The Joint Commission's 2013 Patient Safety Goals:

Goal 1: Improve the accuracy of patient identification.

How the Utah State Hospital meets the requirement:

1) Two patient identifiers: When the nurse is passing meds, obtaining specimens, or providing treatments, the photo on the med cart is used as one identifier.
2) The Patient is asked to state his or her name.
3) If the patient does not state his or her name, the core staff member at the med window verifies the patient's name.
4) The patient's room number of physical location is **NOT** used as an identifier.
5) Containers must be labeled in the presence of the patient, whenever a lab specimen is obtained.

Goal 2: Improve the Effectiveness of Communication among care givers

How the Utah State Hospital meets the requirement:

1) ORB / Order Read Back: RN's read back and document telephone orders.
2) UVRMC has defined critical lab results which have been adopted by the USH.
3) The Green Lab Book is used to record Critical test results which are phones to unit RN, who immediately phones the treating practitioner.
4) Hand off communication, Alerts to patient conditions.

Goal 3: Improve the Safety of Using Medications.

How the Utah State Hospital meets the requirement:

1) Med Pass: When setting up medications for med pass, place the auto med container in medication cups and put in assigned holder for each patient. They are not opened until the patient is available for medication.
2) Use all medications as soon as they are prepared: At USH, any medication removed from its original container has to be given when patient is at the window; it may not be labeled and saved for later use (i.e., liquid medications, controlled substances, etc.)
3) Use at least two patient identifiers: As a Nurse administers medications to a patient, the Nurse identifies the patient receiving the medication by having them state their full name, comparing the patient at the medication window with their

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photo found on the patient's medication card. If the patient refuses or is unable to state their name at the medication window the Nurse confirms that the patient at the medication window is in fact the correct patient receiving medications with a core staff member.

4) Performing the "six rights" prior to administering medication.
5) Warfarin Protocols are used by Medical Services.
6) Medication Reconciliation: Current patient medication report sent with patient / responsible individual during all emergency transfers, consultations / procedures with outside providers, and upon discharge. Each new admission includes an initial medical assessment with a good faith effort to determine current medications, and known allergies. Medication information is documented in E-Chart and E-Pharm. USH offers medication education to all patients.

Goal 7: Reduce the Risk of Health-Care Related Infections

How the Utah State Hospital meets the requirement:

1) Hand Hygiene Must Be Preformed: Before and after contact with patients, preparing food, after restroom use, glove removal and after sneezing or coughing.
2) Wash with soap and water, frequently and between patient care, and if hands are visibly soiled.
3) Individual Hand Sanitizer: To be used when soap and water are not readily available. Get replacements from Infection Control.
4) Standard Precautions: Use gloves for EVERY body fluid, EVERY patient, EVERY time! (Not a substitute for hand washing.)
5) USH Infection Control tracks surgical site infections and central line-associated bloodstream infections.
6) RN assessment completed each shift on surgical site, infections, and central lines until resolved.

Goal 15: Organization Identifies Patients at Risk for Suicide

S.A.F.E.

How the Utah State Hospital meets the requirement:

Medical Providers:

1) Template Based Suicide Risk Assessment completed within the first 24 hours of admission: Risks are identified and appropriate safety measures are instituted: 1:1, DOS, 15 minute checks at alternating intervals, and Unit Restriction.

Nursing:

1) When suicidal ideations are identified, the unit RN completes an assessment by asking specific questions, according to Policy Chapter 9, Section 9-2. (Five questions)
2) When the RN completes the assessment, the RN called the psychiatrist regarding any necessary interventions to keep the patient safe.
3) Any time staff hear a patient making suicidal statements or observe actions indicating suicidal thoughts or intentions, the staff report these observations immediately to the unit Registered Nurse; refer to acromym **SAFE**. (**S**pot the safety concern. **A**sk for nurse's attention. **F**eedback to nurse about the concern. **E**ngage in nurse's recommendation.)

For more information, please visit www.jointcommission.org and click on the Patient Safety tab to learn more about the 2013 Patient Safety Goals.

ACTIVE SHOOTER DRILL

On Monday, December 16, 2013, the Utah State Hospital organized and performed an Active Shooter Drill with multiple community partners. On behalf of the Utah State Hospital, we would like to thank all those who participated, including:

- Utah State Hospital Employees
- Provo Fire Department
- Provo Fire and EMS
- Utah County Coalition Members
- Intermountain Healthcare

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